

STATE OF MAINE

APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE FOR MEDICAL USE

INSTRUCTIONS: *This application complies with the license requirements of Section C of the State of Maine Rules Relating to Radiation Protection (SMRRRP). Complete items 1 through 12. Supplemental sheets may be needed for items 5 through 11. Mail the completed application to: **Radiation Control Program, 10 State House Station, Augusta, Maine, 04333. Telephone: (207) 287-5676.***

The Department of Human Services does not discriminate on the basis of disability, race, color, creed, gender, age or national origin in admission to, access to, or operations of its programs, services or activities, or its hiring or employment practices. This information is available in alternate formats upon request.

1. THIS IS AN APPLICATION FOR (check one)

NEW LICENSE	LICENSE NUMBER (leave blank)
RENEWAL of license number >	
AMENDMENT of license number >	

2. NAME AND MAILING ADDRESS OF APPLICANT

3. ADDRESS(ES) WHERE MATERIAL WILL BE USED AND/OR STORED.

PHONE: _____

PHONE: _____

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

NAME: _____ PHONE: _____ EMAIL: _____ .

For items 5 through 11, the requested information may be submitted on standard size paper. Answer all items. For any that do not apply, answer by giving the item number with "not applicable" after it.

5. RADIOACTIVE MATERIAL:

A: Radioactive Material for medical use: Please place an "X" next to all the disciplines you wish to be licensed for.

Radioactive Material listed in:	X	Maximum Possession limits: (in millicuries)	Radioactive Material listed in:	X	Maximum Possession limits: (in millicuries)
G.100 (Uptake, Dilution, excretion)		As needed	<u>IN-Vitro</u> Studies (C.6.F)		As needed
G.200 (Imaging & localization)		As needed	Line items:		
G.300 (radiopharmaceuticals for therapy)		As needed	Iodine-131 as iodide for treatment of hyperthyroidism and cardiac dysfunction		
G.400 ((brachytherapy)			Iodine-131 as iodide for treatment of thyroid carcinoma		
G.500 (sealed sources for diagnosis)		As needed	Xenon-133 as a gas or gas in saline for blood flow and pulmonary function studies		
G.600 (teletherapy)			Strontium-89 for treatment of bone metastases		
Cobalt-57 for calibration and/ or reference sources			Other (please specify)		

*If Financial Assurance is required then **Evidence of Financial Assurance must be provided***

B: Radioactive material for uses not listed in 5.A.: provide the following information; A. element and mass number for each, B. chemical and/or physical form, and C. maximum amount of possession at any one time. NOTE: for sealed sources include manufacturer, model number, and maximum activity of the source. (include calibration date if applicable)

Element & Mass number:	Chemical and/or physical form:	Maximum amount of each form (in millicuries):	Describe purpose of use:

6. **RADIATION SAFETY OFFICER:** (Please include their address, telephone number plus training and experience (HHE 851 or equivalent))
7. **AUTHORIZED USERS:** On a separate sheet, list the names of all individuals who will use or directly supervise use of the radioactive material(s) listed in 5.A. and 5.B. above. Complete Preceptor Statement (HHE853) for each individual if necessary (NOTE: if users are already approved on another license, please submit a copy of the license they are on. Remember, if they have not been listed on a license within the past 5 years, evidence of refresher training must be submitted).
8. **TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.**

	We will establish and implement the model training program that was published in Appendix A of Regulatory Guide 10.8, Revision 2.
	OR Equivalent procedures submitted.

9. **FACILITIES AND EQUIPMENT:**

9.1 **Facility**

	Facility diagram and description submitted.
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9.2 **Equipment**

	Equipment list and description submitted (include all survey instruments & dose calibrators).
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9.3 **Survey Instrument Calibration**

	We will establish and implement procedures as outlined in Appendix B of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted.

9.4 **Dose Calibrator Calibration**

	We will establish and implement the procedures as outlined in Appendix C of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted.

9.5 **Personnel Monitoring Program**

	We will establish and implement procedures as outlined in Appendix D of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted.

9.6 **Mobile Nuclear Medicine Service**

	We will establish and implement procedures as outlined in Appendix E of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted.

10. RADIATION SAFETY PROGRAM: Describe the radiation safety program and administrative control measures; i.e. personnel dosimetry, and training programs in use of radioactive materials.

10.1 Radiation Safety Committee/Radiation Safety Officer

	We will establish and implement the procedures as outlined in Appendix F of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.2 ALARA Program

	We will establish and implement the procedures as outlined in Appendix G of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.3 Leak Test Procedures

	We will establish and implement the procedures as outlined in Appendix H of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.4 Safe Use of Radiopharmaceuticals

	We will establish and implement the procedures as outlined in Appendix I of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.5 Spill Procedures

	We will establish and implement the procedures as outlined in Appendix J of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.6 Ordering & Receiving Packages

	We will establish and implement the procedures as outlined in Appendix K of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.7 Opening Packages

	We will establish and implement the procedures as outlined in Appendix L of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.8 Dosage/Moly Concentration Records

	We will establish and implement the procedures as outlined in Appendix M of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.9 Implant Source Use Records

	We will establish and implement the procedures as outlined in Appendix M of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.10 Area Survey Procedures

	We will establish and implement the procedures as outlined in Appendix N of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.11 Control of Gases & Aerosols

	We will establish and implement the procedures as outlined in Appendix O of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.12 Radiopharmaceutical Therapy

	We will establish and implement the procedures as outlined in Appendix P of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

10.13 Implant/Brachytherapy Safety

	We will establish and implement the procedures as outlined in Appendix Q of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

11. WASTE MANAGEMENT: Waste Disposal

	We will establish and implement the procedures as outlined in Appendix R of Reg. Guide 10.8, Rev. 2.
	OR Equivalent procedures submitted

12. CERTIFICATION: The applicant and any official executing this certificate on behalf of the applicant named in item 2, certify that this application is prepared in conformity with the State of Maine Rules Relating to Radiation Protection and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

DATE:_____

SIGNATURE OF APPLICANT:_____

TITLE:_____

TYPED/PRINTED NAME:_____